



Virginia
Department of Housing and Community Development

COMMUNITY HOUSING DEVELOPMENT ORGANIZATION
(CHDO)
RECERTIFICATION REPORT
FISCAL YEAR 2005

THIS REPORT IS DUE JUNE 30, 2006

Please mail, with original signatures, to:

Virginia Department of Housing and Community Development
Office of Community Capacity Building
c/o Mrs. Cristi Shields Lawton, Program Administrator
The Jackson Center
501 North Second Street
Richmond, VA 23219-1321

Telephone: (804) 371-7000
Fax: (804) 371-7093

1. HOME ELIGIBLE PROJECTS BEGUN OR COMPLETED

Please list below the names of your HOME eligible project(s) either begun, in process, or completed

| Name of HOME Eligible Project | # of Units | Location |
|-------------------------------|------------|----------|
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- A **HOME eligible project** is defined as activities in the areas of homeowner rehabilitation, homebuyer activities (rehabilitation and/or construction of homes for homebuyers), rental housing (acquisition and rehabilitation and/or construction), and tenant based rental assistance that are eligible to receive HOME funds from VDHCD.

PLEASE DESCRIBE YOUR FORMAL PROCESS FOR OBTAINING LOW INCOME INPUT. ATTACH RELEVANT INFORMATION.

For example:

- In what ways was low-income input sought and implemented in the past year and what were the results?
- How have the low-income residents and program beneficiaries in your service area been involved with the CHDO to advise on policies and procedures, program design, site location(s), and the development and management of affordable housing?
- Are there any unique approaches you have taken to obtain feedback, such as the formation of neighborhood advisory councils, tenant committees etc.?
- Discuss any challenges the CHDO has encountered in obtaining feedback from low-income residents and what avenues will be pursued to overcome these barriers.

Keep in mind that having low-income representatives on the board of directors does not satisfy the requirements of the low-income advisory process. The low-income advisory process is designed to report the outreach efforts made by the CHDO to the low-income community and must be adhered to as outlined in the CHDO's bylaws.

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT THE HOME ELIGIBLE PROJECT(S) THAT WAS BEGUN, PROGRESSED, OR COMPLETED THIS FISCAL YEAR. IF NO HOME ELIGIBLE PROJECTS WERE BEGUN, PROGRESSED, OR COMPLETED THIS FISCAL YEAR, PLEASE EXPLAIN AND INCLUDE A RATIONALE DETAILING WHY YOUR ORGANIZATION WISHES TO REMAIN A CHDO.

2. FAIR HOUSING ACTIVITIES UNDERTAKEN BY ORGANIZATION

Minimum Requirement: Completion of at least one fair housing activity listed below.

- ☐ **Fair Housing Presentations/Trainings**
of Presentations/Trainings Sponsored or Co-Sponsored:
Description of Audience (i.e. – general public, specific organization or group etc.):
Fair Housing Topics Addressed:
Estimated Attendance:
Estimated # of Complaints and/or Questions Addressed:
Additional Comments:

- ☐ **Fair Housing Forums**
of Forums Sponsored or Co-Sponsored:
Description of Audience:
Fair Housing Topics Addressed:
Estimated Attendance:
Estimated # of Complaints and/or Questions Addressed:
Additional Comments:

- ☐ **Fair Housing Marketing Efforts**
Types of Written and/or Electronic Materials Developed (i.e. brochures, logos, display boards, resolutions, website etc.):
Types of Materials Distributed and to Whom:
Types of Materials Displayed and Where:
Description of Newspaper and/or Radio Ads:
Additional Comments:

- ☐ **Attendance at Fair Housing Activity/Training/Workshop Sponsored by Another Organization**
Name of Activity/Training/Workshop:
Date of Activity/Training/Workshop:
Name of Sponsoring Organization:
Names of Staff and/or Board Member(s) Who Attended Activity/Training/Workshop:
Additional Comments:

Please note any additional fair housing activities not addressed above:

3. TRAINING AND TECHNICAL ASSISTANCE RECEIVED

Minimum Requirement: Staff [either one or more members of staff] attendance at a minimum of two trainings, workshops, or conferences and Board member attendance [either one or more members of the Board] at a minimum of one training, workshop, or conference. Trainings, workshops, or conferences must have included topics to address organizational capacity building and/or capacity to develop affordable housing.

| Please Complete for Organization's Staff |
|--|
| Name of Training/Workshop/Conference: |
| Date of and Brief Description of Training/Workshop/Conference: |
| Name(s) and Title(s) of Staff Who Attended: |
| List Any Certifications Received: |
| Name of Training/Workshop/Conference: |
| Date of and Brief Description of Training/Workshop/Conference: |
| Name(s) and Title(s) of Staff Who Attended: |
| List Any Certifications Received: |

| Please Complete for Organization's Board of Directors |
|--|
| Name of Training/Workshop/Conference: |
| Date of and Brief Description of Training/Workshop/Conference: |
| Name(s) of Board Members Who Attended: |
| List Any Certifications Received: |

Additional Trainings or Direct Technical Assistance Received:

4. CERTIFICATION OF BOARD STATUS

Applicants must complete the following **Certification of Board Status** and submit it along with their application for State CHDO recertification. Please list each board member by name, then place a check indicating the representation that member brings to the Board. Please list only current or approved board members. Minimum: (6) Members.

| Board Member Name and Residential Address | Low- Income | Public Institution | Religious Organization | For Profit | Number of Years on Board | Occupation and Place of Employment | Areas of Expertise/Experience |
|---|----------------|-----------------------|---------------------------|---------------|--------------------------------|---------------------------------------|-------------------------------|
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I certify that the above listing of current, participating board members is accurate.

Board President Signature

Date

5. CERTIFICATION OF LOW-INCOME REPRESENTATION

Each board member representing the interests of low-income families in the Applicant's target community must complete this certification. Please maintain a copy of this certification in your files and send in a copy to DHCD. These certifications may be reviewed during monitoring visits by the State. Note: the board member does need to check at least one of the three criteria listed below but does not need to indicate the specific way in which he or she represents low-income community interests.

Board Member Name: _____

I certify that I am a current member in good standing of the governing board for _____ (name of the CHDO organization seeking recertification) and that I represent the interests of low-income families in the Applicant's target community. Please check and complete one of the following:

_____ **I am a low-income resident of _____, the Applicant's target community.**

In order to qualify under this criteria, the board member must be a low-income resident of a community that the CHDO is certified to serve. **Low-income** is defined as 80% or less of area median family income.

_____ **I am a resident of a low-income neighborhood in _____, the Applicant's target community.**

In order to qualify under this criteria, the board member must live in a low-income neighborhood where 51% or more of the residents are low-income. The board member does not have to be low-income. **Neighborhood** means a geographic location designated in comprehensive plans, ordinances, or other local documents as a neighborhood, village, or similar geographical designation that is within the boundary but does not encompass the entire area of a unit of general local government; except that if the unit of general local government has a population under 25,000, the neighborhood may, but need not, encompass the entire area of a unit of general local government.

_____ **I am an elected representative of _____, a low-income neighborhood organization within _____, the Applicant's target community.**

In order to qualify under the third criteria, the person must be elected by a low-income neighborhood organization to serve on the CHDO Board. The organization must be composed primarily of residents of the low-income neighborhood and its primary purpose must be to serve the interests of the neighborhood residents. Such organizations might include block groups, neighborhood associations, and neighborhood watch groups. **The group must be a neighborhood organization and IT MAY NOT BE THE CHDO ITSELF. If the applicant is representing a low-income neighborhood organization, please attach copy of signed resolution from the neighborhood organization naming the individual as their representative on the CHDO.**

(Signature)

(Date)

6. BUDGET

Please submit your organization's most recent audit or independent financial statements, if they are available, and complete the following:

Approved Operating Budget for last fiscal year:

| Revenue | | Expenses | |
|----------------------------------|--------------------|-----------------------------------|--------------------|
| Source of Revenue | Amount of Revenue: | Type of Expense | Amount of Expense: |
| Federal Government Revenue: | | Personnel Costs: | |
| State Government Revenue: | | Personnel Benefits: | |
| Local Government Revenue: | | Supplies and Materials: | |
| Private Foundation Revenue: | | Public Relations and Information: | |
| Earned Income Revenue: | | Overhead Costs: | |
| Revenue from Individuals: | | Contractual Services: | |
| Other Revenue Sources (specify): | | Other Expenses (specify): | |
| Total Budget Revenue: | | Total Budget Expense: | |

Net Profit/Loss (Total Budget Revenue – Total Budget Expense):

Summary of Program/Project Budget for the last fiscal year:

| | Name of Project/Program: | Name of Project/Program: | Name of Project/Program: | Name of Project/Program: | Name of Project/Program: | Name of Project/Program: |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Income: | | | | | | |
| Expenses: | | | | | | |
| Profit (Loss) | | | | | | |

Net Profit/Loss:

7. FINANCIAL ACCOUNTABILITY STANDARDS

To conform to the financial accountability standards of 24 CFR 84.21, “Standards for Financial Management Systems”, please attach one of the following:

- A notarized statement by the president or CFO
- A certification from a CPA
- A HUD approved audit summary

8. CONSOLIDATED PLAN

Minimum requirements: One staff or Board Member must have attended at least one HOME Input Session held by VDHCD.

VDHCD is required to develop a Consolidated Plan in order to receive Housing and Urban Development (HUD) Community Planning and Development funds, including HOME funds. The Consolidated Plan is a document that describes the housing needs of low- and moderate-income residents in the Commonwealth and outlines strategies to meet those needs. HUD requires that all VDHCD-certified CHDOs provide input for the state's plan.

Please indicate the date and location of the DHCD HOME Input Session hearing your organization attended this fiscal year:

| Date of Hearing | Location of Hearing | Name of CHDO Staff Member or Board Member Who Attended this Hearing |
|-----------------|--------------------------|---|
| Sept. 26, 2005 | Fredericksburg, Virginia | |
| Oct. 31, 2005 | Chesapeake, Virginia | |
| Nov. 1, 2005 | Richmond, Virginia | |
| Nov. 9, 2005 | Roanoke, Virginia | |

Please indicate if you attended any Consolidated Plan Hearings for your City, County or Regional Consolidated Plan:

9. ORGANIZATIONAL CHANGES

Has the organization amended its articles of incorporation or by-laws since it was last recertified as a CHDO? ☐Yes ☐No If yes, please attach an amended copy.

Has the organization revised its tax-exempt status with the IRS since it was last recertified as a CHDO? ☐Yes ☐No If yes, please attach an amended copy.

Has the organization revised its purpose or mission since it was last recertified as a CHDO? ☐Yes ☐No If yes, provide a copy of the by-laws or board resolution with this change.

Has the organization had a change in staff capacity since it was last recertified? ☐Yes ☐No

If yes, can current staff demonstrate capacity for carrying out HOME-funded activities? ☐Yes ☐No

If yes, describe capacity below:

If no, does the organization have a contract with a consultant to train appropriate staff members? ☐Yes ☐No

If yes, describe scope of work below:

10. ADDITIONAL ACTIVITIES

Does your organization administer a VDHCD-funded Indoor Plumbing and Rehabilitation (IPR) Program?

If YES, please summarize your activities this fiscal year:

Does your organization administer a VDHCD-funded Single Family Regional Loan Fund (SFRLF)?

If YES, please summarize your activities this fiscal year:

Please provide a brief description of any other additional activities, funding or partnerships that were significant to your organization this fiscal year: